

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050942

7176

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002 Registrar's No.

FILED JAN 17 1964

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City, Missouri		c. CITY OR TOWN Kansas City, Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hospital		d. STREET ADDRESS 3800 Warwick	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lucy Middle E. Last Worthington		4. DATE OF DEATH Month 12 Day 27 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-23-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) "Unknown"		10b. KIND OF BUSINESS OR INDUSTRY "Unknown"	
11. BIRTHPLACE (City and state or country) Waverly, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME "Unknown"		13b. MOTHER'S MAIDEN NAME "Unknown"	
14. NAME OF HUSBAND OR WIFE Frank Worthington		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes; give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address K.C., Records: Jackson County Welfare, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Arteriosclerosis Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7-13-61 to 12-27-63 and last saw her alive on 12-27-63 Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE J.P. McCalla M.D. (Degree or title)		22b. ADDRESS Kansas City, Mo.	
22c. DATE SIGNED 12/30/63 (State)		23a. RITUAL, CREMATION, REMOVAL (Specify) Anatomical	
23b. DATE 1-2-64		23c. NAME OF CEMETERY OR CREMATORY University of Kansas City School of Dentistry	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., MO.	
25. DATE RECD. BY LOCAL REG. 1-2-64		26. REGISTRAR'S SIGNATURE Regina Smith	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF P. Mc Calla MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300 Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Walnut

Licensed Embalmer No. 4075

P. O. Address L. C. F. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.